Community Referral/Walk In Form

Please send the completed form to Cherise Stephens at rocdoorsreferral@dhs.lacounty.gov for processing

1. CLIENT INFORMATION

First, Mid, Last Name (as it appears in APS)	Email Address	Today's Date	Date of Birth

Address (No., Direction, Street, Type, Apt/Ste, City, State) or "homeless"	Zip Code	Primary Phone Number	Social Security No.
Enter full address or 'homeless'			

Gender

- ☐ Male
- ☐ Female
- ☐ M to F- Transgender
- ☐ F to M - Transgender
- ☐ Pr

Race

- ☐ Black or African American
- ☐ Hispanic, Latino, or Spanish
- ☐ White
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other

Probation/Parole

- ☐ Adult
- ☐ Juvenile

X- Number

2. PROBATION REFERRAL OFFICE

- ☐ Antelope Valley
- ☐ Antelope Valley AB109
- ☐ Centinela
- ☐ Crenshaw/ROC
- ☐ East Los Angeles
- ☐ East Los Angeles AB109
- ☐ East San Fernando Valley
- ☐ Firestone
- ☐ Foothill
- ☐ Foothill AB109
- ☐ Harbor
- ☐ Long Beach
- ☐ Long Beach AB109
- ☐ Pomona Valley
- ☐ Pomona Valley AB109
- ☐ Rio Hondo
- ☐ Rio Hondo AB109
- ☐ San Fernando Valley AB109
- ☐ San Gabriel Valley
- ☐ San Gabriel Valley AB109
- ☐ Santa Monica
- ☐ South Bay AB109
- ☐ South Central
- ☐ South Los Angeles AB109
- ☐ West Los Angeles AB109

3. SERVICE(S) REQUESTED(mark all that apply)

- ☐ Art Therapy
- ☐ Benefits (SSI, GR, Cal Fresh, Medical)
- ☐ Case Management
- ☐ Child Support Services
- ☐ Education (High School/GED)
- ☐ Employment (Chrysalis)
- ☐ Employment (INVEST/WDACS)
- ☐ Family Reunification
- ☐ Financial Literacy
- ☐ Housing
- ☐ Legal Aid
- ☐ Mental Health
- ☐ Substance Abuse
- ☐ Voter Registration
- ☐ Other: _____

Social Skills Classes

- ☐ Anger Management
- ☐ Domestic Violence
- ☐ Parenting Classes
- ☐ Specialty Groups (LGBTQ Education and Support)

Ancillary Services

- ☐ Clothing
- ☐ Computer Access
- ☐ Non Perishable Food
- ☐ Hygiene Kit
- ☐ Transportation

4. DOORS PROVIDER

Organization Name	Provider Name	Provider Phone Number	Provider Email Address	Date Referral Received

Declined Services	Scheduled for Return	Enrolled	Referred to other DOORS Services
Date:_____	Date:_____	Date:_____	Date:_____

Notes (Please include summary of contact and include engagement efforts, scheduled appointments for orientation or classes, enrollment or declining of services:

Print Client Name (if 18 years or older)	Client Signature (if 18 years or older)	Date

Print Parent/Legal Guardian Name (if client is under 18 years old)	Parent/Legal Guardian Signature (if client is under 18 years old)	Date

Witness/Interpreter/Referring Provider (Print Name)	Witness/Interpreter/Referring Provider (Signature)	Date

Revised 04/02/2020